

**Texas Resilience and Recovery: Child and Adolescent Uniform Assessment**

<p>Last Name: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Suffix: <input style="width: 40px; height: 20px;" type="text"/></p> <p>First Name: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Middle Name: <input style="width: 100px; height: 20px;" type="text"/></p>	<p>CMBHS Client Number: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Local Case Number: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Component: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Location: <input style="width: 40px; height: 20px;" type="text"/></p>
<p>Assessment Type:    Crisis <input type="checkbox"/>      Initial <input type="checkbox"/>      Update <input type="checkbox"/>      Discharge <input type="checkbox"/>      Initial Non-Admission <input type="checkbox"/></p> <p>Referral Source: _____</p> <p>If Discharge:      Discharge Date: ____-____-____      Reason For Discharge: _____</p> <p>Referred To: _____</p>	
<p>At Risk of Placement <input type="checkbox"/>      ED (Special Education) <input type="checkbox"/>      Foster Care <input type="checkbox"/>      TCOOMI Consumer <input type="checkbox"/></p>	
<p>Action Type: Add: ____ Correct/Modify: ____ Delete: ____</p>	
<p><b>Section 1: Child and Adolescent Needs and Strengths (CANS)</b> (Completed by LMHA QMHP at Intake or Provider QMHP at Update)</p> <p>A. CANS Assessment Date: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/></p> <p>B. CANS 3-5 <u>or</u> 6-17 (Complete and attach appropriate form)</p> <p>C. Calculated Level Of Care-Recommendation (LOC-R): ____</p> <p>D. Provider Recommended Deviation (LOC-D): ____</p> <p>E. Extended Review Period Requested (LOC-1 Only): <input type="checkbox"/></p> <p>F. Performed By: _____ Credentials: ____</p> <p>G. Notes:</p>	<p><b>Section 3: Authorized Level of Care (LOC-A)</b> (Completed by LMHA Utilization Management Staff)</p> <p>A. Actual Level of Care Authorized (LOC-A): (Circle One)</p> <p>LOC-0: Crisis Services LOC-1: Medication Management LOC-2: Targeted Services LOC-3: Complex Services LOC-4: Intensive Family Services LOC-YC: Young Child LOC-5: Transitional Services LOC-6: Consumer Refuses Services LOC-8: Waiting for All Authorized Services LOC-9: Not Eligible for Services LOC-YES: YES Waiver</p> <p>B. Reasons for Deviation from LOC-R (Select One)*:</p> <p>Clinical Need <input type="checkbox"/> Consumer Refused <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Resource Limitations <input type="checkbox"/> Other <input type="checkbox"/></p> <p><i>*See help file for instances when a note for reason for deviation is required</i></p> <p>C. Authorization Date: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/></p> <p>D. Authorization End Date: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/></p> <p>E. Subject to Medicaid Fair Hearing <input type="checkbox"/></p> <p>F. Authorized By: _____ Credentials: ____</p> <p>G. Notes:</p>
<p><b>Section 2: Community Data</b> (Completed by Provider QMHP Staff)</p> <p>A. Community Data Assessment Date: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/></p> <p>B. Number of Arrests in the last 30 days: ____</p> <p>C. Has the child/youth attended school at any time in the past 3 months? Yes <input type="checkbox"/>      No <input type="checkbox"/>      N/A <input type="checkbox"/></p> <p>D. Current grade level or highest grade level completed: ____</p> <p>E. Primary Residence Type (last 90 days):</p> <ol style="list-style-type: none"> <li>1. Children's Residential Treatment Facility</li> <li>2. Crisis Residential</li> <li>3. Foster Care</li> <li>4. Homeless</li> <li>5. Institutional Setting</li> <li>6. Jail or Correctional Facility</li> <li>7. Living Independently</li> <li>8. Other</li> <li>9. Private Residence</li> <li>10. Residential Care</li> </ol> <p>F. Notes:</p>	